

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-375)						SERIAL NO.	FILING DATE	
CLAIMS						ATTORNEY'S		
AS FILED		FIRST AMENDMENT		SECOND AMENDMENT				
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1						51		
2						52		
3						53		
4						54		
5						55		
6						56		
7						57		
8						58		
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13						63		
14						64		
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41						91		
42						92		
43						93		
44						94		
45						95		
46						96		
47						97		
48						98		
49						99		
50						100		
TOTAL						TOTAL		
IND.						IND.		
DEP.						DEP.		
CLAIMS						CLAIMS		

THIS SHEET IS FOR ADDITIONAL CLAIMS OR AMENDMENTS TO BE FILED WITH THE ORIGINAL APPLICATION.